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CONFIRMATION NO. 9405

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|---|---|-------------------------------|---|---|--------------------------------|
| SERIAL NUMBER 10/790,344 | FILING OR 371(c) DATE 03/01/2004 RULE | CLASS 235 | GROUP ART UNIT 2876 | ATTORNEY DOCKET NO. 04129-00802 | |
| APPLICANTS Jim R. Lightfoot, Windermere, FL; Robert A. Walsh, Westmount, CANADA; Peter L. Gagliardi, Vienna, VA; | | | | | |
| ** CONTINUING DATA ***** <i>KOF</i> This appln claims benefit of 60/450,851 02/28/2003 | | | | | |
| ** FOREIGN APPLICATIONS ***** <i>KOF</i> <i>none</i> | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/19/2004 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Amplance</i> Verified and <i>Amplance</i> Acknowledged <i>KOF</i> Examiner's Signature Initials | | STATE OR COUNTRY FL | SHEETS DRAWING 2 | TOTAL CLAIMS 15 | INDEPENDENT CLAIMS 3 |
| ADDRESS 26116 | | | | | |
| TITLE Gun identification kit | | | | | |
| FILING FEE RECEIVED 900 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |